

Using Epidemiological Profiles to Describe Your Perinatal HIV Epidemic Workshop

Developing and using epidemiological profiles for perinatal HIV prevention planning and evaluation.

Goal:

This session will provide an overview of the elements of an epidemiological profile and the importance of epidemiologic profiles in HIV prevention community planning and Ryan White needs assessments. The epidemiological profile consists of four core components that, taken together, describe a jurisdiction's HIV/AIDS epidemic. These core components will be reviewed with specific attention to how these components are applicable to the perinatal HIV epidemic. Examples of various perinatal data sources will be discussed. Additionally, two States will present how they have used perinatal data from various sources to describe their perinatal HIV epidemic and how this description has guided prevention planning, resource allocation, and evaluation.

Session objectives:

- ❑ Understand the importance of epidemiological profiles for perinatal HIV prevention planning.
- ❑ Describe the key components addressed in an epidemiological profile and how they relate to the perinatal HIV epidemic.
- ❑ Increase awareness of additional sources of perinatal data available for inclusion within a perinatal epidemiological profile.
- ❑ Discuss how these various sources of data can be brought together within an epidemiological profile for the purpose prevention planning, resource allocation, and evaluation.

Discussion points:

- ❑ What sources of perinatal data are available in your area? How can you go about identifying additional sources of perinatal data?
- ❑ How can you best translate this information into a concise description of your perinatal epidemic?
- ❑ How can a perinatal epidemiological profile be used to support perinatal prevention and surveillance activities? Who would benefit from having a description of the perinatal HIV epidemic in your area? Who would be the audience for a perinatal epidemiologic profile?

Speakers: Mary Lyn Gaffield and Teresa Hammett (CDC), Linda Dimasi (NJ), Debbie Wendell (LA)